CREWKERNE URBAN DISTRICT COUNCIL

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

for the year ended 31st December, 1956

PUBLIC HEALTH OFFICERS

Medical Officer of Health

A.M. McCall

M.R.C.S.,L.R.C.P., D.P.H.

Deputy Medical Officer of Health

P.P. Fox

M.B., D.P.H.

Public Health Inspector

A.C.N. Gully, M.S.I.

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W.R. Bowditch
H. Gibbs
T. Hutchings
F.A.K. Randle
B.A. Rhydderch
E.J.R. Tett
C.T. Woodford

HOUSING COMMITTEE

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T. Macey
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HEALTH VISITORS

D. Baker, S.R.N., S.C.M., Q.D.N.S., H.V.
P. Cowdery, S.R.N., S.C.M. Q.D.N.S., H.V.

TUBERCULOSIS HEALTH VISITOR

Mrs. O. Pitt, S.R.N., S.C.M., H.V.

To the Chairman and Councillors of the Crewkerne Urban District Council.

Gentlemen,

I beg to submit my Report for 1956.

It was a healthy year with few cases of infectious disease and no outbreaks of food poisoning.

It is a statutory requirement for the Medical Officer of Health to produce an Annual Report of his area. The headings under which he reports are laid down and vary little from year to year. Certain persons read the report because they have to, a few because they are interested. The vast majority who see the report lying in the Library or elsewhere do not. The same headings and the same figures recur: 'When you have read one, you have read the lot'.

I hope this is not true in Crewkerne. The statistics are discreetly tucked away at the back. I use the report not only for its primary function, but also to educate the public about their health. Current problems in the field of Preventive Medicine are reported. This year even a short historical note about Crewkerne is included. All this is done in order to tempt more people to read about and become interested in Public Health.

Do I succeed? I don't know. Perhaps someone will tell me.

I am,
Mr. Chairman and Gentlemen,
Your obedient Servant,
A.M. McCALL
Medical Officer of Health

SECTION A

Statistics and Social Conditions of the Area

Crewkerne is an ancient town and was well known in Saxon times. The name Crewkerne means "place of retirement" or Hermitage at the Cross. That the town was an important Saxon town is shown by the fact that one of the Royal Moneyers lived here and coins minted between 978-1040 in Crewkerne are still known to exist. One in the Stockholm Museum was probably paid to the Danes as Danegeld.

Crewkerne never had an Abbey but Crewkerne Parish Church is undoubtedly one of the finest among the magnificent specimens of the Perpendicular Gothic architecture with which the County of Somerset abounds. It was erected on the site of a more ancient structure during the latter half of the 15th Century. Henry VII on coming to the throne rebuilt many of the Somerset Churches in the Perpendicular style, in reward for the attachment of the County to the Lancastrian cause in the Wars of the Roses.

If Crewkerne supported the victors on that occasion they were presumably on the losing side during Monmouth's rebellion. Of the 331 persons Judge Jefferies sentenced to death, he ordered ten to be executed in the town, no doubt as a warning against any future misbehaviour.

If of less importance than in Saxon times, Crewkerne still continues to flourish. It is no longer merely a place of retirement and has many active industries. The present population and other statistical detail is given in Appendix A, Table 1.

Population The Registrar General gives the estimated mid year population for 1956 as 3,970 which is identical with the previous two years.

Birth Rate The Birth Rate was 13.09 per thousand. This is an improvement on the 1955 figure of 11.6. Even when the Comparability Factor (which allows for differences in the age and sex distribution in the town's population and that of the United Kingdom) is taken into account, the figure is 14.00 per thousand which is below the national figure of 15.7, the highest since 1950. There was one illegitimate birth during the year.

Death Rate The Death Rate for the year was 12.59 per thousand compared with 11.3 for 1955 and allowing for the Comparability Factor, our figure was 11.33, slightly below the national figure of 11.7. The causes of death are shown in Appendix A, Table 3. Diseases of the heart and circulation were again the greatest killers, having caused 27 out of a total of 50 deaths. Cancer came second, causing a total of 11 deaths.

Longevity, which means length of life, is a subject which has always held a great deal of fascination for the man who is impressed by long life in others and usually wants to achieve it himself. There are quite a few of these.

It is fair to say that the age at which one dies depends on how long one succeeds in avoiding death by accident or disease. Since we all die after a maximum of, perhaps, a hundred and ten years, there must be a point beyond which no one can continue to escape the multifarious causes of death which compete for him. The Registrar General recognises a large number of distinct causes of death of which senility is only one and the question arises whether it is possible to die of old age as such. Has an individual a maximum capacity which limits his life so that he must die of a general wearing out

of his tissues at an advanced age? The vast majority of human beings die of specific and identifiable failure of structure or function and in a given year very few deaths have to be attributed to senility and other ill defined causes.

Nevertheless, it would be argued that virtually all deaths other than those caused by accident or infection are in fact deaths of old age though not specified as such. These include deaths from degeneration of the heart and arteries and vascular lesions of the nervous system. In addition the age incidence of deaths from cancer allows a case to be made for it as a disease of ageing tissues, as it is essentially due to loss of control over what should be the normal replacement of tissue.

Mans' life seems to be limited to an average of something over 70 years, by which time most people succumb to failure of one system or another. Since a system which fails in one man at 70 may work well in another until something else kills him at 90 or in a third may fail at 45, there is reason to hope that simply by care and forethought man's average lifespan may be prolonged to come a little nearer the apparent maximum of 110.

Every year in England and Wales about half a million people die. If longevity is their aim, then some fall very early by the wayside. Losses are light in the age groups of childhood and youth but from the age of 45 or so onwards casualties are very heavy and very few survive to do better than average in the 80s and 90s.

The first year of life is an immediate problem and danger. Then follows a period of comparative safety. Once 45 is reached men survive far worse than women. At 75 far more males die than females. The remarkable thing is not that so many women die at ages above 73, but that so many women survive to such advanced ages in this country when their male counterparts die between 45 and 75 in far higher proportion. It is well known that widows far outnumber widowers in England.

It is obvious that in considering the length of life of the ordinary man and the factors affecting it, we must look carefully at the causes of death involved.

Individual tissues have no specific time limit. Most people succumb to a failure, slow or sudden, of a particular system of the body. This may be fatal in itself, or fatal only because of the general senility of the body as a whole. The cardio-vascular system is the one which gives way more often. The general changes which occur with ageing are partly known. The first effect of this is a loss of elasticity in the arterial walls. Most of the deaths due to this are caused by blood clotting in the constructed artery as in coronary thrombosis, where part of the heart muscle is deprived of its blood supply. A large number of deaths are due to the actual rupture of the artery as in cerebal haemorrhage. A non-fatal haemorrhage leads to the familiar stroke with varying degree of paralysis. There is a good deal of truth in the cliché that a man is as old as his arteries.

Some obvious changes which occur with ageing are deterioration in the functioning of the organs of special sense. In the eye, accommodation is slowly lost and the nearest clearly visible point receeds - the familiar figure of the ageing person holding the paper at arms' length. There is a decreasing range of hearing as age increases, particularly in the higher frequencies. Cerebral development, distinct from development of character and intellect, ceases in youth and the ability to learn decreases slowly, but is masked by the accuracy and wisdom which comes with the accumulation of

experience. On the whole, normal degeneration of the central nervous system does not affect the length of life though it effects the tempo at which it is lived. Although indigestion is common in older people, the digestive apparatus is very durable and can outlast the rest of the body in most cases. Renal function tends to become less efficient in old age.

Muscle power is usually retained at very nearly the youthful maximum until about 40. It drops slightly then and the drop becomes sharp in the 60s. The individual variations in the age and extent to which these changes occur are very great indeed, and many 40 year old men are genuinely senile while others in their 70s are well preserved and fairly youthful.

The individual glands have great durability and the system as a whole should easily last a century or more. Few people fail to reach old age because of a failure of the glandular system as such, but it is certainly linked with other systems which breakdown in old age. It may be that some overbalance of the glandular system can lead to a rapid failure of another system.

The respiratory system does not change greatly in old age except in its ability to resist and recover from infection. The lungs, unless subjected over a period of years to silica or coal dust, could outlast most of the rest of the body by many years if it were not for infection. Bronchitis and influenza mainly in old people cause a number of deaths and a failure of the respiratory system to resist infection. So an important factor determining the length of life is the definite lowering of resistance which comes with age and allows the body to be overwhelmed by an attack which it could have survived in youth.

In discussing deaths involving different organs and systems I have omitted deaths caused by cancer. Nearly all such deaths are over 45 years of age and it is one of the biggest stumbling blocks on the road to long life. The otherwise robust digestive organs are heavily involved. Cancer of the lungs is not only the commonest cancer in men but one of the main killers of our time. Cancer of the reproductive organs strike women very heavily. Death rates from cancer, both in men and women, have increased in recent years, the greater increase being in males, mainly due to the increase in lung cancer. No special site could be singled out in females. It is important to note that the death rates and incidence rates of cancer in men and women are by no means the same thing. Cancer in men tends to strike in more inaccessible organs and to be less easily and early detected while cancer strikes women chiefly in accessible organs and can be detected sooner. Cancer is an enemy of increasing importance and its grip more than counters the encouraging improvement in the death rate from infectious diseases. The defeat of disease like diphtheria is a triumph, but it is overshadowed by the increasing menace of cancer.

To summarise I would say that man meets his death not because of any limit to the life of his individual tissues but because the human body is so complex the body's tissues cannot be perfectly and indefinitely maintained in face of the stresses of normal life. Man seems able ideally to live to about 110, but deaths occur at all ages, mostly in the 60s and 70s. In the normal healthy body changes are continually taking place especially in the cardiovascular system so that hitherto non-fatal stresses and infections become more and more menacing and the eventual failure of one or more systems causes death. The increase in medical knowledge is continuously improving men's ability to ward off infections and recover from them and succeeding generations are living longer and longer. Old people form

an ever increasing proportion of the population. But the increasing pace of life brings greater danger in the malignant disturbance of cell replacement called cancer and especially in failure of the circulatory system through the decrease of resilience to stress as age increases. It is against cancer and arterio scleresis that the battle for longer life must be concentrated.

Infant Mortality One infant died in 1956. It was a premature male child, the result of a twenty-six week pregnancy and only survived three hours.

Maternal Mortality I am pleased to report that there was no maternal death in 1956.

Social Services The Social Services provided by the Local Health Authority remained unchanged during the year but in Section B I have made reference to the increased activity of the Old Folks Association.

There was some increase in unemployment in the area during the year due to the close down of the local flax factory and as a result of the Government credit squeeze some firms were forced to cut their labour force.

SECTION B

General Provision of Health Services in the Area

No new clinics were commenced in 1956, but the numbers attending those already in existence increased.

Care of Mothers and Young Children

Ante-Natal Clinic The Ante-natal clinic is held twice per month throughout the year. The Medical Officer attends alternate sessions for the purpose of taking blood smaples for submission to the laboratory. The samples are examined as a routine for Wasserman, and Kahn tests, Haemoglobin estimation, and the Rhesus reaction. The examination of the blood of expectant mothers is now a routine procedure in this area and is well supported by the local doctors who send their patients here by appointment. The number who attended during the year was 115.

The Rh. Factor Many mothers these days say quite readily that they are Rh. negative or positive without knowing that they are talking about other than knowing it refers to a quality of their blood.

The Rh. factor is named after the Rhesus monkey used in the experiments which led to the discovery of the factor in 1940. The original work was done by Weiner in America.

It was found in World War II that many men following transfusion with blood of the correct group developed an unaccountable reaction. Levine showed that certain of these transfusion reactions were due to the Rh. factor.

The Rh. factor is a substance which 85% of persons have in their blood. This fact is most important to those remaining 15% whose blood does not contain the Rh. factor (Rh. - negative). When Rh. negative persons are givem Rh. positive blood either by transfusion or through the common circulation of a mother and child during pregnancy, it may start the reaction. The person receiving the Rh. positive blood develops the antibodies to Rh. positive blood and as a result any subsequent transfusion or pregnancy may be attended by serious consequences. In the new-born the red blood cells breakdown and in the transfused jaundice may occur.

A baby's chances of suffering from this disorder vary considerably with the Rh. blood type of the parents and follow the Mendelian rules of inheritance. Since only a small proportion of all Rh. negative mothers are sensitised the general average of children born with this blood disorder is about 1 in 150. It is therefore a comparatively rare condition. The treatment is to transfuse the infant with compatible blood and the majority survive without any serious after effect.

When a mother is found to be Rh. negative a second sample of her blood is taken at the thirty-fourth week to see if there is a rise in the number of anti-bodies present, a sign that there may be trouble ahead. If it is thought likely that a transfusion will be necessary for the baby the mother is always admitted for her confinement to Musgrove Park Hospital, Taunton, where a specialized team is available. Should an unsuspected case occur in the district the nurse or general practitioner can always call on this team which act as a flying squad and will travel to any part of the County.

In addition to the Rh. test a second sample of blood taken at the same time is submitted to the haemoglobin test to detect any anaemia if it be present.

It is known that the haemoglobin or redress of the peripheral blood falls as pregnancy advances and probably true anaemia is present only if the percentage falls below 70%. However, it has been shown that if a daily supplement of iron is given the majority of women maintain a normal haemoglobin level throughout pregnancy. If this is done then they are more energetic and better able to fact the rigours of their confinement and puerperium.

There is no doubt that anaemia of pregnancy can be prevented if patients will attend their ante-nttal clinics or see their own doctors in time so that any anaemia that develops can be efficiently treated. However, there are other factors in nutrition besides iron and a good mixed daily diet which includes eggs, milk and meat should be aimed at.

Relaxation classes continued to be held twice per month. Miss Taylor, a fully qualified physiotherapist conducts these classes. She explains the mechanics and physiology of childbirth, and also explains how the mother can most usefully assist in the birth of her own baby. This is followed by practical teaching in methods of relaxation. These classes have been so welcomed by the mothers that they need no persuading to attend regularly, and we have found little necessity to repeatedly publicize them. The mothers tell one another of the great advantages of attendance and of the very happy practical results. It is interesting to note that a recent film of the birth of a baby shown during a T.V. Programme was advocating instruction of mothers in the methods of preparation for their confinement on excctly the same lines as have been taught in Crewkerne for some time.

In addition, Nurse Baker has been having an informal meeting with groups of mothers. At these she describes the layette for the baby, the most suitable dress for mothers during pregnancy, the type of shoes to wear, other practical details of mothercraft which young mothers are often quite ignorant about, and also the correct diet during pregnancy. She also shows them the gas and air machine and gives them a practical demonsteation of its use in order to familiarize them with every possible detail of their confinement beforehand.

It is regretted that ante-natal dental treatment was not available in the clinic owing to the fact that there is no dentist for the area.

Domiciliary Midwifery The District Nurses continued to attend expectant and nursing mothers in their homes, with the private practitioners supervising the cases. The practical service of delivery of the mothers and their after care, follow naturally on the work of the ante-natal clinic. The mothers approach their time of confinement with the knowledge that they have been well cared for in the preceding months. They have a sound knowledge of what is to take place, and they are well acquainted with the nurses who will be looking after them. All this leads to a feeling of calm confidence which is so essential and I am quite certain in my own mind that the standard of the domiciliary midwifery services in Crewkerne was never higher.

Hospital Confinement As reported last year, the midwifery unit in Crewkerne Hospital has been closed and now cases requiring admission to hospital go to Yeovil, Templecombe or Taunton.

It was found that cases for admission to Yeovil nursing homes were being asked to make rather frequent ante-natal visits to Yeovil. This journey is no easy business with the present transport facilities and following representations these were cut to a minimum. Similarly the Public Health

Committee complained of the admission of Crewkerne mothers to Templecombe and these also were reduced in number. Only late applications for a hospital bed being asked to go there.

Infant Welfare Clinic These clinics were held twice per month and a doctor was present on all occasions. Details of the attendances are shown in Appendix B, Table 1.

Apart from the immunisations and vaccinations he does, the doctor spends a great deal of his time allaying the mothers' fears which often have their origin in the folk lore handed down in families from mother to daughter. Such is the power of the matriarch that it may take many visits to the clinic before the doctor's advice is finally accepted without misgivings.

A strict timetable of ideas was necessary when welfare work started, because infant mortality was so high and the first need being to save life, a life saving rigid discipline was required. Today many modifications of regime are suggested. Nevertheless a certain easy organisation is advised. The exponents of the modern doctrine of self regulation by infants often condemn the timetable in handling the baby. However, a young mother often worried and confused by a situation she has never before encountered is grateful for a simple routine which helps her to plan the management of the baby throughout the day.

As far as is practical breast feeding is advocated. The success of a mother in breast feeding her infants will depend on three simple things. It will depend on the kind and degree of ante-natal care and tuition which the mother has received. It depends upon the psychological attitude of the mother and thirdly it depends upon the composition of the individual mother's breast milk. Advice on all three of these factors are given at the clinic and the amount of breast feeding is to a certain degree a direct guage of the effectiveness of the clinic.

Mothers have become obsessional about their childrens' weight and worry themselves sick if baby is putting on what they imagine is too little and occasionally too much weight. Frequently the problem is a simple one and advice is gratefully received.

Constipation is another constantly recurring problem presented at child welfare clinics. The latin word 'stipare' means to press and so far as derivation goes, constipation means the passage of compressed, that is, hard stools. It is not what it is commonly assumed to be, synonymous with infrequent defaecation, though that is often accompanied by the passage of hard motions. Constipation is the delay in passage of material through the bowel resulting in the formation of hard stools, the passage of which gives discomfort.

The passage of hard stools is not always uncomfortable. There may be a great contrast between the anguish on the face of the mother as she hears the marbles rattle into the pot and the baby's smile of satisfaction.

Constipation has been considered harmful but today it's ill effects are thought to be only the discomfort of defaecation. No longer is alimentary intoxication believed to be the result from constipation. Yet as a nation we are so preoccupied about our regular bowel actions that we spend £70 million a year on purgative pills, tablets and salts. The symptoms of constipation are probably largely due to fear of constipation and this is partly the result of skilful advertising. 'You may be regular, but you may be a day behind' is a typical example. The fear may also be learnt from mothers who learnt from their mothers: 'no stool, no school' was once a

common morning threat.

Constipation often produces symptoms only because the person or parent expects it to do so. At school children are taught how their insides work and how to keep them working well. Earlier than this at the clinic, we try to ensure that, as infants, their bowel training is done without excessive anxiety on the mother's part. Good general advice on infant feeding is a good prophylactic against constipation in infancy.

The world is so full of a number of other interesting things that it is a pity that people should spend an excessive amount of time, money and interest on how and what they are excreting.

Health Visiting Two of the District Nurses have now got the Health Visitors Certificate, and in addition, Mrs. Pitt is working as the Tuberculosis Health Visitor in the town.

The primary function of a Health Visitor is to visit the home of the people and I am quite confident that at present this work is being done in a very efficient manner. This is particularly true in respect of the following up of children with defects discovered at school medical inspections. None are overlooked, and if parents co-operate they will derive a maximum benefit from this part of the Health Service.

Home Nursing In addition to their many other duties, the District Nurses visit people's homes to carry out a very large number of duties. These may include dressing wounds, giving injections, bathing patients, and many other similar medical duties too numerous to list. A great deal of this work is concerned with the older members of the community, and we have every reason to be thankful for the kindly manner in which our Nurses have been working during the past year.

Immunisation During the year, the County Council, as Local Health Authority, in co-operation with the local District Council took every opportunity to stress the need for immunisation against diphtheria.

Immunisations were mainly carried out by myself at the Infant Welfare Clinic, but in addition to this a considerable amount of work was done by the general practitioners of the Town.

At the clinic combined immunisation against whooping cough and diphtheria was given in nearly every case, the total being 48. During the year the triple antigen, giving protection against the above two diseases and also tetanus, became available and was beginning to be used more frequently. In addition I did 95 reinforcing immunisations at the schools.

In 1956, following the success of the immunisation programmes in the United States and Scandinavia, the Government launched a campaign for immunisation against acute poliomyelitis. It was commenced as a planned field trial and as the supplies of vaccine were very limited indeed, only a small percentage of children applying were in fact immunised. None were chosen from the Crewkerne applicants. I hope we shall be allocated some vaccine in 1957.

Vaccination Twenty-five primary and four re-vaccinations were carried out in 1956. This is still not as many as I would like and I think that general practitioners might be able to help in this aspect of preventive medicine by persuading the parents of all infants to accept vaccination.

Home Help Service This service is organised by the County Council and was available in the town throughout the year. There was slightly less demand than in the previous year.

School Medical Service All schools in the town have been inspected by me during the year and details of these inspections can be found in Appendix B, Table 2.

Following my inspection of the pupils I always report on the hygiene of the school and kitchens and several small improvements resulted from these reports.

Children who have reached the age of 14 years may do part time employment while still attending school. Such work is subject to Byelaws which control the hours and type of work permitted and demand a satisfactory medical examination which I carry out. In this connection I saw twenty children in 1956.

Speech Therapy Miss Henshaw was in charge of speech therapy in Crewkerne throughout the year. Details of her clinics are given in Appendix B. Table 3. Her work was most successful and undoubtedly her pleasant manner with the children has encouraged their confidence resulting in success in overcoming their disability.

Speech defects may be divided into two broad causes. Mechanical defects and functional causes.

The mechanical defects are loss of hearing, a low intelligence quotient and poor control of the musculature of the tongue, lips and palate.

The functional causes are a history of poor speech in the family, imitation of another person with a defect, lack of speech stimulation when a baby. Two further completely opposite approaches by parents are also responsible for functional defects. One is the parent who will not allow the baby to pass through the normal stages of baby talk, e.g. bow wow, baa lamb. The other is the parent who does not encourage the child to grow up and as a result the child tends to return to the infantile level of speech to gain attention from the mother.

These are the problems which the speech therapist has to deal with when a child is referred. It is obvious she must find the cause before commencing the treatment. The accuracy of her diagnosis is reflected in the success of her clinic.

Breathing Exercises Clinic This clinic continued to be held every Wednesday during the year. The Health Visitor supervised the exercises at every clinic and explained the idea and method to the parents who attend with the children. The Medical Officer attended once a month to assess progress and to see all new cases and discharge those who had learnt how to control their breathing.

Minor Ailments Clinic I do not hold regular sessions at the clinic for the treatment of minor ailments, but arrange a clinic following a school medical inspection, so that any minor conditions with which I can readily deal, are speedily treated. This, I hope, relieves the pressure on general practitioners in their surgeries and enables them to deal with more serious and urgent matters.

School Dental Service Crewkerne was without a school dental surgeon throughout the year. The Saturday morning sessions ceased when the dentist in the Chard area resigned and the County Council have not been able to find a replacement.

Now more than ten years after the war and eight years after the institution of the National Health Service there are a host of problems for dentists both as individuals and as a responsible group.

Probably the most worrying features of the problem are these:-

1. Britain is only very slowly improving the general standards of oral hygiene.
2. There are too few dentists available at present, especially in the school and public dental services.
3. There are too few applicants of the right type to the dental schools of Britain.

Now, as never before, people are developing a taste for good dental care.

The adult population of this country had just started to realize how poorly it looked after its own and its childrens' teeth when the alteration in payment scales combined with a shortage of dentists to slow down the valuable work which had started. Financial stringency in the public and private purses has rendered more refined conservative and orthodontic work a luxury which is increasingly more hard to support. Though individual dentists produce work of the highest possible standard, generally the National Health Service can only guarantee a bare service of extraction and simple conservative work. The finer and more skilled works which are the technical delight of the good dental surgeon are now under a cloud of mistrust and disapproval - from the patient because of cost and from the Dental Estimates Boards because they view such work as luxurious. In this area the need for a specialist in orthodontics is obvious. The dental practitioner can rarely afford time for work that is inevitably slow and exacting and which may only yield a poor financial reward in proportion to his labour. Yet many children need an orthodontic opinion and treatment and the nearest specialist is either at Bristol or Plymouth.

The shortage of school dentists is even more alarming. The shortage is understandable enough when it is realized that they are the poorest paid of all the profession. One can understand the way in which most newly qualified men go into practice as soon as they can, leaving the financially barren field of childrens' dentristry to enthusiasts who are happily undisturbed by consideration of their bank balances. Thus the majority of dentists go straight into practices where for the rest of their working lives they work hard and continuously for a good salary.

The present dental surgeon has an education which is almost as long as that of the doctor. The present world wide shortage of dentists leads one to ask whether a simpler form of training, such as the New Zealand dental nurse scheme would not produce a larger number of adequately equipped people to cope with routine work. I think it would be a justifiable step to introduce some modified course of training so that dental auxiliaries can come into being in order to ease the dental surgeon's burden of routine and less skilled work. Such people could help in the provision of an efficient school service provided they worked under the supervision of fully trained dentists.

At present, due to the shortage, the most severely hampered is the school service and a practical way of overcoming the difficulty could be a scheme similar to that whereby hospitals ensure an adequate supply of house officers. A case can be made on grounds of educational desirability and practical expediency for the institution of a pre-registration year for

the dentist. He could spend his year either in hospital appointments or in the school dental service.

The General Dental Council is concerned at the poor number and quality of the candidates at dental schools. It is certain that maintenance of high professional standards will only be possibly if they make it clear that no reduction in professional status can be contemplated. Recruits of the type who are wanted in the profession will not be tempted to join if they see any relaxation of the standards or loss of prestige. The dental surgeon must continue to take his place beside the doctor as a man having a broad medical education as well as the necessary technical skill. If, however, some of the routine work can be passed by the dentist to a new type of technician, I feel that the profession would gain as a whole.

Orthopaedic Service An Opthopaedic clinic was held every month throughout the year in Crewkerne and was extremely well supported by the parents who appreciate not having to travel to Yeovil as used to be the case. A fully qualified Orthopaedic Sister is in attendance and she sees all cases at regular intervals between their appointments with the specialist. In this way she is able to keep a constant check on progress and refer back any who should see the specialist sooner than was originally anticipated.

Ophthalmic Service At each school medical inspection I examine every child who has any eye defect whatsoever. I check the correction of their glasses and also check up on whether or not they are carrying out the directions issued by the Ophthalmic specialist at the last appointment. If glasses are in need of repair or the correction does not satisfy me, I refer the child to the County Oculist who holds a weekly clinic, especially for schoolchildren, at Yeovil Hospital. During the year there were one or two minor misunderstandings due, I think, to the fact that all recommendations on school medical inspection cards have to pass through several hands before reaching the Ophthalmic specialist. However, by fairly frequent personal contact with Mr. Wilson at the Hospital, I have been able to improve our relations with him and I hope that our difficulties are a thing of the past.

Most of the children of Crewkerne have their prescriptions for glasses dispensed by Mr. Simmonds and I appreciate the co-operation I have received from him during the year. He is always prepared to give special attention to any urgent cases and his prompt repair of the many breakages of children's glasses is greatly appreciated.

Whenever I visit a private school I am struck by the few children who wear glasses as compared with the numbers in a comparable County school. This is not because there is a significant difference between the standard of vision in the two types of school. It is because in the County School regular routine medical inspection is carried out and the defects noticed at an early age. Undoubtedly many visual and indeed other defects remain undetected in schools where the children do not have the benefit of regular medical inspection.

Physiotherapy Clinic A physiotherapist gives treatment at the Clinic on two whole days each week. This is a service provided by the Regional Hospital Board but it is obviously of necessity to the local Public Health Committee, in that it is a service which increases the speed of recovery of persons who have had bone and muscle injuries, and in addition gives a great deal of relief to the older members of the population suffering from rheumatic and arthritic conditions.

In 1956 one hundred and forty-nine new patients attended the clinic as outpatients, these involved 1844 attendances. In addition 8 new patients were treated at the hospital and this required 66 attendances there by the physiotherapist.

Epileptics Any cases of epilepsy occurring in the area are referred to a Specialist at Taunton who is able to carry out electro-encephalogram and other necessary investigations and then advise on the correct course of treatment. A copy of his report is always available to the School Medical Officer if the patient be of school age. Where it is considered necessary for a schoolchild to attend a special school on account of the disease, it is possible to have them admitted to the Chalfont Colony where the Somerset County Council maintain a certain number of students.

Spastics During the last few years there has been realization by the public that there should be greater provision for the education and treatment of spastic children. The term is frequently used but few know it's significance.

What is a spastic? Most children learn to eat, walk, talk, sit and stand without trouble. Such acts become easy to them because their muscles work together and they have control of them. A child with cerebral palsy (brain palsy) does not have control of all his muscles. As a result he often finds it difficult to do the simple acts of life. He may reach for a cup or pencil; as his hand moves it may miss the mark: he may knock over the cup or drop the pencil.

Another child with cerebral palsy may not be able to walk straight. He seems to get off balance; he may stagger, reel and weave about.

Another child may have trouble with his throat and tongue. If he tries to talk the sounds are often grunts and noises. The muscles of his face may twist and work. Seeing a child making faces and hearing the sounds he makes, give some people a wrong idea. They connect such acts with being feeble minded because some feeble minded children act that way. This may be far from the truth. Some of them are very bright. Some, it is true, are feeble minded but it is not possible to tell just by the way children with cerebral palsy look or act. Mentally the large number of them are about like other children.

The cause is sometimes due to brain damage while the baby is being born. This may be when the mother has a hard and long labour but it it not necessarily the case. It may happen with an easy birth.

Sometimes cerebral palsy may happen after birth and it has followed whooping cough, measles and meningitis.

A large number of spastic children do improve, others do not improve so much, still others not at all. Due to severe mental or physical disability some may have to be cared for in an institution for years.

It is important that all children with cerebral palsy should be under medical care and have opportunities for suitable education just as any other child.

There are four spastic children in the town. One receives tuition at home at the County expense and attends the clinic for treatment. A second is at St Loyes receiving special tuition to enable him to become self-supporting. A third now attends the Infants' School. He also has speech therapy and physiotherapy. He has made a remarkable improvement and has already dispensed with special walking aid provided. The fourth has not yet

commenced school.

Blind Persons There are eight registered blind persons resident in the area. No cases of ophthalmia neonatorum were notified.

Ambulance Service The Somerset County Ambulance Service covers the area from their Yeovil depot. The service worked quite smoothly throughout the year. During non-working hours and at week-ends Mr. Sutton continued to cover the district with the Red Cross ambulance.

National Assistance Act No statutory action was necessary during the year nor was I asked to intervene in any case and I believe this is undoubtedly due to our having such an active Old People's Welfare Association in Crewkerne.

Care of the Aged The provision made for aged persons by the County Council remained unchanged during 1956 and the Council have continued to assist the Committee dealing with the modernisation of the Almshouses.

The greatest progress in helping the aged in the town was made by the voluntary efforts of the Crewkerne Old Persons Welfare Association and I list some of the outstanding achievements as reported by the Chairman, Mr. Ramus.

1. Holiday at Torquay Forty members enjoyed a splendid week at an hotel, where they were given every possible service. The weather was perfect, and many outings were taken to local beauty spots. The benefit to health and mind of those participating cannot be overstressed.

2. Chiropody Service This has been proved to be a boon indeed. Many members are now able to walk about in comparative comfort and are lavish in their praise. Some £60 was paid by the Association to the Chiropodist, and around 180 treatments were dealt with by him.

3. Summer Day Trips Two visits were made to the seaside, and two coaches were needed on each occasion. The high teas arranged for these trips, are by no means the least enjoyable feature of these outings.

4. Garden Teas Due to the kindness and generosity of our hosts and hostesses, it was possible to take large parties for tea, to a number of beautiful gardens. These visits are a source of great pleasure to the members, and are eagerly anticipated.

5. Victoria Hall Every Friday afternoon, with the exception of the Public Holidays, some fifty members assemble for tea and chat; whilst, dominoes and ludo are also played by many. Birthday Greetings are remembered, and piano and song are in evidence.

6. Sick Visiting Under our Welfare Organiser, the sick in all parts of the Town are visited, and any possible help given.

SECTION C

Prevalence and Control over Infectious and Other Diseases

In Crewkerne 1956 was a very healthy year and only a few cases of infectious disease were notified. A summary of notifications will be found in Appendix C, Table 1.

The Mass X-Ray Unit did not visit Crewkerne in 1956.

In December the County Medical Officer announced the arrangements for the routine vaccination of school children against Tuberculosis. It was decided to offer B.C.G. vaccination to all children born in 1943, that is children about 13 years of age. These would then have at least 18 months at school after vaccination and this would allow time to check whether immunity had been conferred and if necessary re-vaccinate. In Somerset the routine B.C.G. vaccination of school children will be carried out by County Staff only and not by general practitioners.

SECTION D

Environmental Health Services

A. Sanitary Circumstances

Climatic Conditions A total of 24.29 inches of rainfall was recorded in 1956. A very dry spring was followed by a wet and disappointing summer. The winter was not severe.

Water Supply The water supply was quite satisfactory both in quality and quantity and no shortage at all was experienced during the year. Details of the chemical and bacteriological reports will be found in Appendix D, Table 1, together with other relevant data concerning the distribution of the supply. All the piped water in Crewkerne is chlorinated before distribution and it will be noted that all the samples of treated water were quite satisfactory. There was some extension of the piped supply to serve the new housing development and also linkage with the existing main to make a ring main.

Drainage and Sewage Disposal There was no change in the method of disposal during the year but further progress was made towards the completion of plans for the erection of a modern works on the eastern outfall site. The only extension of sewers was for new council house estate development. An additional sludge pump was purchased to facilitate the removal of sludge for drying.

Public Cleansing and Refuse Collection Weekly removal of refuse from each house is carried out by direct labour. In addition special collections are made by request for removal of trade refuse etc. The roads have been kept in very good condition by the Council's staff, and the clean appearance of the Town is frequently remarked upon.

The collection of paper for salvage continued, and there was a growing market for its disposal. The income derived helps to defray expenditure in other directions and indirectly helps the rate fund.

Rodent Destruction The Rodent Operator continued to carry out routine inspections and treatments where necessary in the Town. No heavy infestations were detected.

Swimming Baths There is only one privately owned swimming bath in the town and that is at the Crewkerne Grammar School and is in use during the summer term. It is chlorinated by hand and residual readings are taken 30 minutes after treatment and this has proved to be a satisfactory method.

Smoke Abatement Little or no trouble was experienced during 1955 due to the industrial smoke. The great majority of smoke pollution in a town of this size is caused by domestic fires, and as the proportion of slow combustion fireplaces increases, it diminishes.

B. Factories Act

During the year Mr. Gully made numerous inspections of premises under the Factories Act and details of this work will be found in Appendix D, Table 2.

C. Housing

Appendix D, Table 3 gives details of the housing situation. During 1956 the Council mainly considered plans to replace sub-standard property with new houses. In order to emphasise the urgency for this work, the Government have withdrawn the subsidy

from council houses with the exception of those which are intended to replace slum property. They also publicised the details about improvement grant facilities under the Housing Acts of 1949-1954.

D. Inspection and Supervision of Food

Milk There are 4 registered distributors in the area and 4 dairy premises. There are 3 dealers in designated milk. Sampling was carried out by the County Council's staff.

Ice Cream There are no premises registered for the manufacture of ice cream but 22 are registered for the retail of the pre-packed product.

Meat There are no licensed slaughter houses within the Urban District and all meat is imported from surrounding areas where it is inspected after slaughtering. However, a small amount of meat was condemned in butcher's shops.

Licensed Premises A further follow-up of the outstanding points in certain licensed premises resulted in the brewers voluntarily relinquishing the licenses of one unsatisfactory premises and subsequently a second house was closed. I am now satisfied that all the licensed premises in Crewkerne are up to a satisfactory standard.

Food Premises in General In 1956 the Public Health Committee concentrated their efforts on the improvement of the hygiene of all food premises in the town. In order to ensure that the same standards were obtained and the same interpretation of the new Food Hygiene Regulations was admitted, I called a meeting in Crewkerne of the Sanitary Inspectors of the surrounding areas and notified those of the neighbouring sanitary authorities. Some twenty-three Sanitary Inspectors and Dr. Fox, the Medical Officer of Health for Yeovil, plus myself, attended. A most satisfactory meeting resulted and many anomalies were discussed and a uniform course of action determined.

Mr. Gully, the Public Health Inspector, has been more active than ever before in inspecting the registered premises in the town and has effected many improvements. Particular attention was paid to the display of food outside food premises and letters were sent to the Chamber of Trade pointing out the dangers of this practice and asking them to discourage their members from this form of display. A precis of the new Food Hygiene Regulations was sent by the Council to every food trader in Crewkerne so that there should be no possibility of their being unaware of their obligations. In addition I addressed a meeting of some fifty licensed victuallers who work in the S.W. Somerset area. It will be seen that the Council have taken every possible opportunity to ensure that the standard of food hygiene in the town is of the highest. Nevertheless I feel that the public themselves could greatly assist the Council if they pointed out to shop owners any instance they see of unsatisfactory food handling and if the habit persists, to take their business to more satisfactory concerns.

APPENDIX A TABLE 1

Registrar General's Estimate of Population mid 1956	3,970
Area	1,291 acres
Number of inhabited houses at the end of 1956 according to the Rate Book ...	1,396
Rateable Value	£43,108
Sum represented by a penny rate	£168

APPENDIX A TABLE 2

BIRTH RATE 13.09 per 1,000 — Comparability Factor 1.07

		M	F
Live Births	Total	27	25
	Legitimate	26	25
	Illegitimate	1	-
Still Births	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-
Deaths of Infants under 1 year	Total	1	-
	Legitimate	1	-
	Illegitimate	-	-
Deaths of Infants under 4 weeks	Total	1	-
	Legitimate	1	-
	Illegitimate	-	-

APPENDIX A TABLE 3

DEATH RATE 12.59 per 1,000 — Comparability Factor 0.90

		Total	M	F
Table of Deaths		50	25	25
Causes of Death				
Heart:	Coronary Disease	6	5	1
	Other Heart Disease	6	1	5
Circulation:	Vascular lesions of nervous system	13	6	7
	Other circulatory diseases	2	1	1
Cancer of:	Stomach	5	1	4
	Breast	1	-	1
	Other sites	5	3	2
Lungs:	Bronchitis	2	2	-
	Other respiratory diseases	1	1	-
Leukaemia		1	1	-
Other ill-defined diseases		6	2	4
Accidents (other than motor vehicles)		2	2	-

APPENDIX B TABLE 1

Crewkerne Child Welfare Clinic
Statistics for the twelve months ended 31st December, 1956

1. Number of children who first attended during the year and who at their first attendance were:-

   Under one year of age 65

2. Number of children who attended during the year and who were born in:-

   (a) 1956 59
   (b) 1955 61
   (c) 1954 - 51 24

3. Total attendances during the year made by children who at the date of attendance were:-

   (a) Under one year of age 533
   (b) Over one but under two years of age .. 90
   (c) Over two but under five years of age .. 80

4. Number of individual mothers who attended during the year .. 114

5. (a) Total number of sessions held:-

   (i) With Medical Officer 23
   (ii) Other Sessions ..... -

   (b) Number of children examined by Doctor 98

   (c) Total number of medical consultations 323

APPENDIX B TABLE 2

Name of School	No. on Roll	No. Inspected	Date of Inspection	Children having milk	Children having dinner
Crewkerne Junior Boys'	121	43	9.2.56	93.39%	49.59%
Crewkerne Junior Girls'	109	35	10.2.56	77.98%	39.45%
Crewkerne Grammar	177	110	31.1.56	81.35%	85.31%
	182	62	31.10.56	68.68%	98.90%
Crewkerne Infants'	132	84	23/24.2.56	45.54%	22.80%
Crewkerne Secondary Modern	312	86	13/14.6.56	42.31%	51.28%
	354	99	4/6.12.56	42.37%	51.41%

APPENDIX B TABLE 3

Speech Therapy

No. of sessions 88

Children under treatment 31.12.56 13

Children admitted during 1956 16

Children discharged during 1956 17

Of the 13 under treatment:
- 2 are stammerers
- 6 are dyslalic
- 2 have sigmatisms
- 2 had cleft palates
- 1 is cerebral palsy

Of the 17 discharged during the year
- 4 were stammerers
- 8 were dyslalic
- 5 had sigmatisms

APPENDIX C TABLE 1

Infectious and Other Notifiable Diseases

Measles	22
Scarlet Fever	2
Erysipelas	1

Analysis of Cases Notified

	Under 1 yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65
Measles			1	1	3	10	6		1		
Scarlet Fever						1	1				
Erysipelas											1

TUBERCULOSIS

Age Group	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
- 1								
1 - 5								
5 - 15								
15 - 25		1						
25 - 35								
35 - 45								
45 - 55								
55 - 65	1							
65 +								
Totals:	1	1						

APPENDIX D TABLE 1

Water Supply

Piped Supplies - results of samples taken for Analysis

Raw Water				Treated after going into Supply			
Bacteriological		Chemical		Bacteriological		Chemical	
Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory
5	1	2	-	6	-	-	-

Water Supplies from Public Mains:

Direct to Houses		By Means of Standpipes	
No. of Dwelling Houses	Population	No. of Dwelling houses	Population
1,376	3,948	16	24

APPENDIX D TABLE 2

Factories Act 1937

Inspections for the purpose of provisions as to Health (including inspections made by the Public Health Officer

Premise	Number on Register	Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections 1,2,3, 4 and 6, are to be enforced by Local Authorities	7	8		
Factories not included in (i) in which Section 7 is enforced by the Local Authority	34	52		
Totals	41	60		

Cases in which defects were found	.....	.....	.....	3
Cases in which defects found were remedied	.....	.....	.....	3

Outworkers

No. of outworkers in August List required by Section 10	.....	.....	72

APPENDIX D TABLE 3

Housing

Total number of permanent dwellings in District 1,396

Total number of permanent dwellings owned by Local Authority 300

	1955	1956
Estimated number of houses unfit for human habitation (As per Ministry Circular 55/54	141	130

Action taken during year:-

1.	Number of houses in Clearance Areas for which		
	(a) Clearance Orders have been made		
	(b) Compulsory Purchase Order made		
	(c) Purchased by agreement		
	Totals	Nil	Nil
2.	No. of houses included in Clearance Areas still to be made	130	
3.	No. of houses in Clearance Areas which have been patched for temporary accommodation under Section 2 of the Housing Repairs and Rents Act, 1954	Nil	
4.	No. of houses demolished under Section 25 of the Housing Act, 1936	Nil	
5.	No. of houses demolished under Section 11 of the Housing Act, 1936	Nil	
6.	No. of temporary dwellings (huts, etc.) demolished	Nil	
7.	No. of houses declared unfit under Section 9 of the Housing Repairs and Rents Act, 1954	1	
8.	No. of houses closed as a result of an understanding given by the owners or following the issue of Closing Orders	1	
9.	No. of unfit houses occupied under licence	Nil	

	Houses erected during year		Houses in course of erection		Gained from conversion of large houses or buildings into flats or dwellings	Lost from conversion of two or more houses to one
	For Slum Clearance	For Other Purposes	For Slum Clearance	For Other Purposes		
Local Authority	-	9	-	14	-	-
Private Enterprise	-	6	-	-	1	-

No. of Post-War Houses erected from 1st April, 1946 to 31st December, 1956		Housing Programme for 1957	
By Local Authority	By Private Enterprise	For Slum Clearance	For Other Purposes
175	44	-	32

(a) No. of temporary housing units occupied - (i) Prefabs. ..... Nil
(ii) Huts, etc. ..... Nil

(b) No. of houses found overcrowded .... Nil

(c) No. of houses made fit during year 9

Houses required:-

(i) To replace houses scheduled for demolition 5

(ii) To abate overcrowding .... Nil

(iii) For other purposes 125

Total number of applications for Council Houses at the end of the year 99

Total number of Council Houses sold during year .... Nil

Improvement Grants made under the Housing Act. 1949 - 54

No. of applications and houses dealt with by Local Authority:-

	(1) Received		(2) Approved		(3) Rejected	
	Appli-cations	No. of dwellings	Appli-cations	No. of dwellings	Appli-cations	No. of dwellings
31.7.49 - 31.12.55	4	4	2	2	1	1
During Year	3	4	2	3	1	1

NOTE Number of applications approved in respect of owner/occupiers 3

Average cost per dwelling approved £800

APPENDIX D TABLE 4

Inspection and Supervision of Food

1. No. and Designation of Food premises in the Area:

Bakers	3
Butchers	7
Fish and Chips	2
Fish	3
Greengrocers	8
Grocers	14
Licensed Premises	15
Restaurants	6
Confectionery	5

2. No. registered under Section 16, Food & Drugs Act, 1955 ... 30
3. No. registered under the Milk & Dairies Regulations 1949/54 ... 4
4. Over 100 regulation inspections were carried out during 1956. Customers requested by notice, signed by the Medical Officer of Health, not to bring dogs into food shops.
5. Condemned food is disposed of in refuse incinerators
6. No special examinations of food consignments were necessary
7. No Ice Cream samples were submitted for examination